



# Friends of Brooksvale Park, Inc.

## MEMBERSHIP APPLICATION

**Name**

**Email**

**Spouse**

**Email**

**Children (under 18)**

**Phone(s)**

**Address**

**City**

**St**

**Zip**

### MEMBER LEVELS

**Annual Per Adult \$10.00**

**New**

**Renewal**

**\$100.00 Lifetime Membership (per adult)**

**My employer will match my donation of: \$ .00**

**Employee Name:**

**Employer Name:**

**Employer Address:**

**Additional Donation: \$ .00**

**Total Enclosed: \$ .00**

**Mail To: FOB Inc. C/O James Traester Treasurer 156 Brooksvale Ave Hamden CT 06518**

*Your gift is tax deductible to the extent allowed by law.*

**I WOULD LIKE TO HELP WITH – Check all that apply!**

**Maple Sugaring (Feb&Mar)**

**Trail Maintenance**

**CT Trails Day (1st Saturday in Jun)**

**Educational Program & Event Planning**

**Fall Festival (Last Saturday in Sep)**

**Publicity**

**Wreath Workshop (1st Saturday in Dec)**

**Fundraising/Grant Writing**

**Gardens**

**Beekeeping**

**Animal Care**

**Other...**

***www.brooksvale.org***